NEW YORK STATE – DEPARTMENT OF STATE (DOS)

#### M/WBE UTILIZATION PLAN - FORM D

**Offeror/Grantee’s Name:**       **Federal Identification No.:**

**Address:**       **Project/Contract No.:**

**City, State, Zip Code:**

**Telephone No.:**       **M/WBE Goals in the Contract:** MBE      % WBE      %

**Region/Location of Work:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **1. Certified M/WBE Subcontractors/Suppliers**  **Name, Address, Email Address, Telephone No.** | **2. Classification** | **3.** **Federal ID No.** | **4.** **Detailed Description of Work (Attach additional sheets, if necessary)** | | **5.** **Dollar Value of Subcontracts/**  **Supplies/Services and intended performance dates of each component of the contract.** | |
| **A.** | NYS ESD CERTIFIED MBE  WBE |  |  | |  | |
| **B.** | NYS ESD CERTIFIED MBE  WBE |  |  | |  | |
| **6. IF UNABLE TO FULLY MEET THE MBE AND WBE GOALS SET FORTH IN THE CONTRACT, OFFEROR/GRANTEE MUST SUBMIT A REQUEST FOR WAIVER FORM E.** | | | | | | |
| **PREPARED BY (Signature):**        **DATE:**  **NAME AND TITLE OF PREPARER (Print or Type):**  SUBMISSION OF THIS FORM CONSTITUTES THE OFFEROR/GRANTEE’S ACKNOWLEDGEMENT AND AGREEMENT TO COMPLY WITH THE M/WBE REQUIREMENTS SET FORTH UNDER NYS EXECUTIVE LAW, ARTICLE 15-A, 5 NYCRR PART 143, AND THE ABOVE-REFERENCED SOLICITATION. FAILURE TO SUBMIT COMPLETE AND ACCURATE INFORMATION MAY RESULT IN A FINDING OF NONCOMPLIANCE AND POSSIBLE TERMINATION OF YOUR CONTRACT. | | | **TELEPHONE NO.:** | **EMAIL ADDRESS:** | | |
| **FOR M/WBE USE ONLY** | | | |
| **REVIEWED BY:** | | | **DATE:** |
| **UTILIZATION PLAN APPROVED:**  YES  NO Date:  **Contract No.:**       **Project No. (if applicable):**  **Contract Award Date:**       **Estimated Date of Completion:**  **Contract Execution Date:**  **Contract Amount:**  **Amount Obligated Under the Contract:**  **Total Planned MWBE Utilization Amount:**  **Description of Work:**  **NOTICE OF DEFICIENCY ISSUED:**  YES  NO Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **NOTICE OF ACCEPTANCE ISSUED:**  YES  NO Date:\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| |  | | --- | | **FOR M/WBE USE ONLY** |   **Comments:** | | |

**General Instructions:**

* This form (Form D) or a compliance certification letter (Form D-1) must be submitted within ten (10) business days after the respondent/awardee receives notice from the Department of State that the contract/grant is being awarded.
* In case a compliance certification letter (Form D-1) was submitted at the time of the award notification, the awardee must submit this form D within two (2) weeks following the procurement of any MWBE-applicable purchase or contractual service undertaken in furtherance of the Contract.
* This form D must contain a detailed description of the supplies and/or services to be provided by each certified Minority and Women-owned Business Enterprise (MWBE) that will actually be utilized under the DOS contract. Attach additional sheets if necessary.
* In case of changes to an approved utilization plan, the awardee must submit a revised Form D to the DOS MWBE Program at [dos.sm.mwbe@dos.ny.gov](mailto:dos.sm.mwbe@dos.ny.gov)
* Any Form D submitted to DOS for review must be completed and signed by the entity in contract with DOS.
* Contact your DOS Program/Project Analyst or the DOS MWBE Program at [dos.sm.mwbe@dos.ny.gov](mailto:dos.sm.mwbe@dos.ny.gov), if you have any questions.

**Instructions for completing:**

The Offeror/Grantee’s section on top of the form must contain information on the entity in contract with the Department of State (DOS).

1. Enter the name, address, email address and phone number of each NYS certified MWBE that will actually be utilized under the DOS contract (Look up certified MWBEs in the directory at <https://ny.newnycontracts.com/>)
2. Check off the box to indicate the certification class (MBE or WBE). If the MWBE has both MBE & WBE certifications, check off the appropriate certification class toward which the utilization should count.
3. Enter the federal ID number of each NYS certified MWBE to be utilized.
4. Enter detailed description of the supplies and/or services to be provided by each certified MWBE. Also, enter detailed information on any tier subcontracts, if applicable.
5. Enter the dollar value of subcontracts/supplies/services and intended performance dates of each component of the contract with each certified MWBE. Also, enter detailed information on any tier subcontracts, if applicable.